

1.) CORPORATION NAME:

HETCO VAN LINES, INCORPORATED

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH MORRISSETTE
5801 ROLLING RD
SPRINGFIELD, VA 22152**

SCC ID NO: **F1671603**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5801 ROLLING ROAD

CITY/ST/ZIP: SPRINGFIELD, VA 22152

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN D MORRISSETTE TITLE: PRESIDENT ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH MORRISSETTE TITLE: VICE PRESIDENT ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD J MORRISSETTE TITLE: VP/S ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR E MORRISSETTE IV TITLE: VICE PRESIDENT ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHIE HATFIELD TITLE: ASST SECRETARY ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ARTHUR E MORRISSETTE JR TITLE: CHRMN/TREAS ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL LARKIN TITLE: CFO ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT TS COLBY TITLE: DIRECTOR ADDRESS: 117 N FAIRFAX STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDON HILLS RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
/s/ JOHN D MORRISSETTE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN D MORRISSETTE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/11/2012 DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				